## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notificati	ons.	, , ,	, , , , ,	•			
CURRENT CORRESPONDE	NCE ADDRESS (Note: Use Bl	pape	ers. Each additiona	il paper, s	can only be used for tate cannot be used for such as an assignment g or transmission.	or domestic mailings of the or any other accompanying or formal drawing, mus	
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ARENT FOX L	1 D		I ha	Cer	tificate o	of Mailing or Trans	mission • deposited with the United
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			enticopas		AMERICA CONTROL DE CON		(Signature)
						**************************************	(Date)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/516,938 09/13/2005		Piero Del Soldato		026220-00058 8653			
TITLE OF INVENTION:	NITROOXYDERIVA'	TIVES OF CYCLOOXY	GENASE-2 INHIBITORS		on the same of		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055	07/19/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	SS			
BIANCHI, KRISTIN A		1626	514-406000	•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list  ARENT FOX LLP				
CARLES (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  Address form PTO/SB/122) attached.							
Address form PTO/SB/	(122) attached.		(2) the name of a singl	e firm (having as a	member	a 2	
"Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	eation (or "Fee Address or more recent) attach	" Indication form ed. Use of a Customer	registered attorney or agent) and the names of up to				
3. ASSIGNEE NAME AN	D RESIDENCE DATA	A TO BE PRINTED ON T	THE PATENT (print or typ	pe)			
PLEASE NOTE: Unle recordation as set forth	ss an assignee is ident in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the part of the part o	atent. If an assign assignment.	ee is ide	ntified below, the de	ocument has been filed fo
(A) NAME OF ASSIG	NEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
NICOX S.A	. •	Sophia Antipolis, FRANCE					
Please check the appropria	te assignee category or	categories (will not be pr	inted on the patent): $\Box$	Individual 🚨 Co	orporatio	n or other private gro	oup entity Governmen
4a. The following fee(s) ar	e submitted:		o. Payment of Fee(s): (Plea	ise first reapply ai	ny previo	ously paid issue fee	shown above)
Issue Fee		A check is enclosed.					
Publication Fee (No	small entity discount r	Payment by credit car	ayment by credit card. Form PTO-2038 is attached.				
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a. Applicant claims		,	b. Applicant is no long	ger claiming SMAJ	LL ENTI	TY status. See 37 Cl	FR 1.27(g)(2).
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interest as shown by the re	Colds of the Chiled Sta	tes l'atem and l'iddemark	Onter			444	
Authorized Signature _	(1) large	- T. Man	ulp 27931	2.7 *****		2010	4 - ·
Typed or printed name	Yelee Kim		( / - )	Registration N	To6(	0,088	
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